



DISCIPLINARY ACTION VIOLATION

Employee's Name: _____

Soc. Sec. Number: ____ - ____ - ____ Department: _____

Warnings:

- | | |
|--|-------------|
| <input type="checkbox"/> Oral Warning | Date: _____ |
| <input type="checkbox"/> Written Warning | Date: _____ |
| <input type="checkbox"/> Disciplinary Action | Date: _____ |
| <input type="checkbox"/> Termination | Date: _____ |

Grounds for Disciplinary Action / Termination:

☐ Immediate Termination Date: _____

Grounds for Immediate Termination:

Employee Signature

Date

Supervisor Signature

Date

1-copy personnel file
1-copy supervisor
1-copy employee